

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-021258

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5134

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST LOUIS

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY ST LOUIS

c. CITY
OR
TOWN MOLINE ACRES

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION FIRMIN DESLOGE HOSP.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2406 AMESBURY

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

HAROLD

Middle

J.

Last

ANTRAM

4. DATE

Month

Day

Year

MAY 12, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Widowed ☐

8. DATE OF BIRTH

6/7/1912

9. AGE (last birthday)

50

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POLICE OFFICER

11. BIRTHPLACE (City and state or country)

ST LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ROBERT M. ANTRAM

13b. MOTHER'S MAIDEN NAME

LAURA BUISSON

14. NAME OF HUSBAND OR WIFE

LORENA LORRAINE ANTRAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

LORENA LORRAINE ANTRAM

Address

2406 AMESBURY DR.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

DUE TO (b)

Coronary artery heart disease

8 month

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-19-62 to 5-12-63 and last saw him alive on 5-11-63. Death occurred at 5:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. L. R. R. R.

22b. ADDRESS

4800 Olive St. Louis 18 Mo.

22c. DATE SIGNED

5-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5/15/63

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST LOUIS MISSOURI

24. FUNERAL DIRECTOR

STROOT - CARROLL

ADDRESS

4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG.

MAY 13 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

61

Pw
T6080
Dr. Rahn
Lester B. Rahn
Taylor +
30 10/1/77
Olive

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. W. Rueten

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.